

## Foster Family Home - Corrective Action Report

Provider ID: 1-160046

Home Name: Virgie Garo, CNA

Review ID: 1-160046-5

37 Cypress Avenue, #37A

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 4/27/2020

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, RN  
Compliance Manager

[Signature]  
Primary Care Giver

4/27/2020  
Date

4/27/2020  
Date